

MEASURING SEPARATION IN EMERGENCIES

Concise Pilot Report Democratic Republic of Congo

Community-Based Surveillance Method

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Families are the basic protective unit for children in society, and, in almost all cases, provide the best environment for meeting a child's developmental needs. An unaccompanied¹ or separated² child is therefore very vulnerable and at greater risk of violence, abuse, exploitation or neglect. Identifying protective and supportive interim care for a child and carrying out family tracing and reunification activities to get them back to their family as quickly as possible are two of the most significant protective interventions that humanitarian actors can make in an emergency.

The Measuring Separation in Emergencies (MSiE) project is an interagency initiative funded by the USAID Office of Foreign Disaster Assistance (OFDA) and is coordinated by Save the Children in partnership with Columbia University and Johns Hopkins University. Additionally, it is steered by a multi-agency Advisory Panel including members of the Inter Agency Working Group on Unaccompanied and Separated Children (IAWG UASC) and the Assessment and Measurement Task Force (A&MTF) of the Global Child Protection Working Group (CPWG). The overall aim of the MSiE project is to strengthen emergency response programmes for unaccompanied and separated children (UASC) through the development of practical, field-tested tools to enhance the assessment of the scale and nature of separation in emergencies.

Based on extensive desk research and consultation, three methods for measuring separation in emergencies are currently being explored:

1. **Projection method:** This method aims to use existing population data from a given location, combined with empirical data from comparable emergencies, to generate models of UASC risk profiles characteristic of certain emergency types and phases and to test/validate those projections against actual data in existing or evolving emergencies.
2. **Population-based estimation method:** This method aims to provide a population-based estimation of the prevalence, number and basic characteristics of UASC in a defined area, affected by the same emergency, at any given point in time.
3. **Community-based surveillance method:** This method incorporates a community-based surveillance system capable of continuous, ongoing measurement of trends in the frequency and basic characteristics of UASC in defined areas over time.

This pilot summary document provides a brief summary of the field testing of the community-based surveillance method in North Kivu in the Democratic Republic of Congo (DRC). A fuller account of the field testing can be found in the longer document: *Pilot Summary Report, Democratic Republic of Congo: Community-Based Surveillance Method* by the same authors. The surveillance method was used to monitor new cases of separation in 'real time' across ten village sites in the territory of Nyiragongo. The pilot ran for an 11-week period from August to October 2014.

¹ **Unaccompanied children** (also referred to as unaccompanied minors) are children, as per the definition in the United Nations Convention on the Rights of the Child (UNCRC), who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

² **Separated children** are children, as per the definition in the UN Convention on the Rights of the Child (UNCRC), who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

Data for this pilot was collected by 31 Community Focal Points using a mobile phone-based surveillance system. On identification of a new case of separation, a Focal Point sent a text message containing a 'string' of numeric codes to a central programme phone held by a Coordinator. The numerical codes represented basic information on the specific child (age, gender) and the nature of the separation (cause, separated/unaccompanied, current caretaker, etc). Text messages were verified by the Coordinator through contacting Focal Points in the field and also automatically transmitted from the central programme phone to a web-based inbox, which compiled the data. Field verification visits by the Coordinator ensured the quality and consistency of data collection and motivation on the part of the Focal Points.

Over the 11 weeks of the pilot, 62 verified new cases of separation were reported by the Community Focal Points across the ten village sites. With the exception of Week 8 (29 September to 5 October), the numbers of separated children reported were roughly evenly distributed over the period. Most cases of UASC identified were between 5–14 years of age, although some were younger and some older. The majority had been under the care of their parents prior to separation. One of the most striking findings from the data was the high number of unaccompanied children. More than half the reported cases were said to be unaccompanied. In terms of the circumstances surrounding separation, twice as many cases were considered as unintentional separation compared to intentional separation. The death or disappearance of parents or family members was by far the most common reason for separation.

In this pilot, FTR (family tracing and reunification) programming was undertaken by our partner organisation PAMI (Programme d'Appui à la Lutte Contre la Misère) based on the information received about new cases of UASC from the pilot. Further verification of cases in the field by PAMI thus enabled calculation of the 'sensitivity' of the method – the percentage of cases identified which were verified to be UASC. Out of 62 cases, 56 were confirmed by the FTR field agents, yielding a sensitivity of 90.3%.

The pilot in North Kivu has demonstrated that the community-based surveillance method works in practice – able to provide continuous, real-time information about trends and basic characteristics of UASC in a protracted emergency setting. The majority of Community Focal Points and community members gave positive feedback on the system, noting its importance in finding and supporting UASC in their communities. Additionally, the implementing organisation, PAMI, found the system more efficient and effective in identifying UASC than approaches previously used.

Lessons learned as a result of piloting the surveillance method in North Kivu, with implications for further field testing and development, include: (1) the need to establish the surveillance system over a longer period to better understand how it performs over time; (2) the importance of fostering motivation in Focal Points and providing adequate technical support; and (3) the need to further explore and monitor response mechanisms linked to community surveillance, ie, how newly identified cases of UASC are responded to.

